

APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

| | | | |
|---|--|--|--|
| Title of Invention | MEDICAL DEVICE WITH VARYING PHYSICAL PROPERTIES AND METHOD FOR FORMING SAME | | |
| Application Type: regular, utility Attorney Docket Number: S63.2-11032-US01 | | | |
| Correspondence address: Customer Number: 490 *490* | | | |
| Inventors Information: <u>Inventor 1:</u> Applicant Authority Type: Inventor Citizenship: US Given Name: Robert Middle Name: E. Family Name: Burgmeier City of Residence: Plymouth State of Residence: MN Country of Residence: US Address-1 of Mailing Address: 2740 Garland Lane N Address-2 of Mailing Address: City of Mailing Address: Plymouth State of Mailing Address: MN Postal Code of Mailing Address: 55447 Country of Mailing Address: US Phone: Fax: | | | |

E-mail:

Inventor 2:

Applicant Authority Type: Inventor
Citizenship: US
Given Name: Richard
Family Name: Goodin
City of Residence: Blaine
State of Residence: MN
Country of Residence: US
Address-1 of Mailing Address: 12801 Hapers Street NE
Address-2 of Mailing Address:
City of Mailing Address: Blaine
State of Mailing Address: MN
Postal Code of Mailing Address: 55449
Country of Mailing Address: US
Phone:
Fax:
E-mail:

Inventor 3:

Applicant Authority Type: Inventor
Citizenship: US
Given Name: Joseph
Family Name: Delaney
Name suffix: Jr.
City of Residence: Minneapolis
State of Residence: MN
Country of Residence: US
Address-1 of Mailing Address: 3621 17th Avenue S.
Address-2 of Mailing Address:

City of Mailing Address: Minneapolis

State of Mailing Address: MN

Postal Code of Mailing Address: 55407

Country of Mailing Address: US

Phone:

Fax:

E-mail:

Inventor 4:

Applicant Authority Type: Inventor

Citizenship: US

Given Name: Larry

Family Name: Peterson

City of Residence: Champlin

State of Residence: MN

Country of Residence: US

Address-1 of Mailing Address: 9242 Lake Side Trail

Address-2 of Mailing Address:

City of Mailing Address: Champlin

State of Mailing Address: MN

Postal Code of Mailing Address: 55316

Country of Mailing Address: US

Phone:

Fax:

E-mail:

Attorney Information:

| Name | Registration Number |
|----------------|------------------------|
| Scott Q. Vidas | 43071 30812 |

Assignee 1:

Organization Name: Scimed Life Systems, Inc.
Address-1 of Mailing Address: One Scimed Place
Address-2 of Mailing Address:
City of Mailing Address: Maple Grove
State of Mailing Address: MN
Postal Code of Mailing Address: 55331
Country of Mailing Address: US
Phone:
Fax:
E-mail: